

<b>Details About the Electronic Exchange of Individual Health Information and the Consent Process</b>
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## **CONSENT**

**How Your Information Will be Used.** Your electronic individual health information will be used by [Name of Provider Organization/HIE] Health Information Exchange (HIE) **only** to:

- Provide you with medical treatment and related services
- Evaluate and improve the quality of medical care provided to you and all patients

The decision to participate in the [Name of HIE] HIE is voluntary. No health care provider participating in the HIE will deny you medical care and your insurance eligibility will not be affected by your choice to participate or not participate.

The benefits of the electronic exchange of individual health information are:

- Improved quality of care based on more complete information regarding your past condition(s) and treatment,
- Improved coordination of care between all of your health care providers,
- Decrease in the duplication of care or provision of unnecessary care, and
- Decrease of delays in treatment.

Some potential risks associated with the electronic exchange of individual health information include:

- Unauthorized disclosure of your individual health information, and
- Identity theft if there is a breach of your health care provider's electronic files.

## **PURPOSE**

The purpose of giving permission to electronically exchange your individual health information is to allow all aspects of your medical history to be taken into account when determining your current and future care. As a result of increased access to information, your providers can make well-informed decisions in your medical care which should result in improved care at hospitals, physician offices, labs, pharmacies, etc. Additionally, allowing your electronic health information to be exchanged should help with the protection of the public as a whole such as in the event of an epidemic (for example the H1N1 virus) or other public health crises.

## **TYPES OF INFORMATION INCLUDED IN THIS CONSENT**

**What Types of Information about You Are Included?** If you give consent, [Name of Provider Organization] may access ALL of your electronic health information available through the [Name of HIE] HIE. This includes information

created before and after the date of your Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

- Alcohol or illicit drug use
- Contraception and abortion (family planning)
- Genetic (inherited) conditions or tests for these
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

**Where Health Information About You Comes From.** Information about your health comes from places that have provided you with health care. These may include hospitals, physicians' offices, pharmacies, clinical laboratories, Medi-Cal, and other organizations that exchange health information electronically. A complete list of current Information Sources is available from [Name of Provider Organization, or HIE, as applicable]. The list of participating organizations may change in the future.

**Who May Access Information About You, If You Give Consent?** Individuals legally allowed to access your electronic individual health information would be allowed to view your records. An example of those who may access information about you: doctors and other health care providers who serve on [Name of Provider Organization]'s medical staff and who are involved in your medical care; health care providers who are covering or on call for [Name of Provider Organization]'s doctors; hospitals, clinics, pharmacies, labs, other licensed providers, health information organizations (HIOs), and health care staff members who carry out activities permitted by this Consent Form as described in the Consent paragraph above.

**Penalties for Improper Access to or Use of Your Information.** There is some risk associated with the electronic exchange of individual health information. There are penalties for inappropriate access to or use of your electronic health information for non-clinical reasons/purpose. If at any time you suspect that someone has accessed your electronic individual health information inappropriately, call [Name of Provider Organization] at: \_\_\_\_\_; or visit [Name of Provider Organization]'s website, Office of Civil Rights' website [www.hhs.gov/ocr/](http://www.hhs.gov/ocr/), California Department of Public Health's website [www.cdph.ca.gov](http://www.cdph.ca.gov), or the California Office of Health Information Integrity's (CalOHI) website [www.calohi.ca.gov](http://www.calohi.ca.gov). You can also reference California Civil Code Sections 56.35 and 56.36.

**Re-disclosure of Information.** Electronic health information about you may be re-disclosed by [Name of Provider Organization] to others only to the extent permitted by state and federal laws and regulations. This is also true of health

information about you that exists in a paper form. Some state and federal laws provide special protections for certain kinds of sensitive health information, including HIV/AIDS, drug and alcohol treatment, contraception and abortion (family planning), genetic (inherited) conditions or tests, mental health conditions, and sexually transmitted diseases. These special requirements must be followed whenever people receive these kinds of sensitive health information. [Name of Provider Organization/HIE] and persons who access this information through the [Name of HIE] must comply with these requirements.

**Withdrawing Your Consent.** You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to [Name of Provider Organization]. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from [Name of Provider Organization]. In the event that you withdraw your consent, your individual health information will continue to be stored electronically, but will not be accessible through [Name of the HIE].

**Effective Period.** Your Consent Form will remain in effect until you withdraw your consent.

Note: Providers who access your electronic individual health information through [Name of HIE] while your consent is in effect may copy or include your information in their own electronic health records system. Even if you later decide to withdraw your consent, they are not required to remove it from their records.

**Copy of Form.** You are entitled to get a copy of your Consent Form after you sign it.